

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Merriam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **542959** (2)

1. Corporation Name  
**MCK REAL ESTATE EDUCATION CENTERS, INC.**



Principal Place of Business  
**ATTN E. KLEMENTS**  
~~2101 W COMMERCIAL BLVD~~  
**FT LAUDERDALE FL 33309**  
US

Mailing Address  
**ATTN E. KLEMENTS**  
**P O BOX 6600**  
**CLEARWATER FL 34618**  
US

2. Principal Place of Business  
**7100 W. Commercial Blvd.**

21 Suite, Apt. #, etc.

22 City & State  
**Ft. Lauderdale, FL**

23 Zip **33319** Country

24 25 29 30

3. Date Incorporated or Qualified **08/15/1977** 3a. Date of Last Report **04/11/1995**

4. FEIN Number **59-1766781** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**MORRIS A LECOMPTE, ESO**  
**100 SECOND AVENUE SOUTH**  
**CITY CENTER 12TH FLOOR**  
**ST PETERSBURG FL 33701**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COPE, RICHARD W.	
STREET ADDRESS	19353 US HWY 19 N S100	
CITY- ST- ZIP	CLEARWATER FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	TOOKE, EDWIN C.	
STREET ADDRESS	19353 US HWY 19 N S100	
CITY- ST- ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MUELLER, JAMES G.	
STREET ADDRESS	<del>2101 W COMMERCIAL BLVD</del>	
CITY- ST- ZIP	FT. LAUDERDALE FL	
TITLE	TAS	<input type="checkbox"/> DELETE
NAME	STICCO, LEWIS A	
STREET ADDRESS	19353 US HWY 19 N S100	
CITY- ST- ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	7100 W. Commercial Blvd.
34 CITY- ST- ZIP	33319
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation, or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *L. A. Sticco* Lewis A. Sticco 4-5-96 813/538-5468  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)